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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional) **5103**

In re Application of

Scott Levine MD

Application Number

09/939,385

Filed

8/4/2001

For

ULTRA-High Fiber Supplement and method of weight ~~loss~~ Reduction

Group Art Unit

1623

Examiner

TRAVISS C McIntosh

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

☒ One month (37 CFR 1.17(a)(1))

☐ Two months (37 CFR 1.17(a)(2))

☐ Three months (37 CFR 1.17(a)(3))

☐ Four months (37 CFR 1.17(a)(4))

☐ Five months (37 CFR 1.17(a)(5))

110

\$55

\$ _____

\$ _____

\$ _____

\$ _____

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ **55.00**

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☐ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____
I have enclosed a duplicate copy of this sheet.

I am the ☒ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) _____.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

4/15/03

Date

Scott Levine MD

Signature

Scott Levine MD

Typed or printed name

04/22/2003 MDANTE1 00000022 09939385

01 FC:2251

55.00 OP

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.